



## U.S. Department of Homeland Security

### Immigration

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*Embassy of the United States of America  
DHS (Immigration)  
P.O. Box 2444  
London W1A 5WT*

### **IMMIGRATION FORM I-407** **ABANDONMENT OF LAWFUL PERMANENT RESIDENT STATUS**

If you wish to abandon your permanent residence and relinquish your Permanent Resident Card "Green Card", please complete, sign and date the enclosed form. Return the completed form and permanent resident card to the above address.

Once the Immigration office in London receives your completed Form I-407 and the returned permanent resident card, the appropriate documentation stamps will be placed on the form along with the Immigration officer's signature. A copy of this form will be returned to you. This is your receipt and validates the return of your permanent resident card. You should keep a copy with your passport in the event you are queried about your prior immigration status.

After Form I-407 is completed by this office, you revert to your previous status as a non-immigrant and may apply for admission into the United States in the manner of any other person of common nationality. This includes the use of the Visa Waiver program, provided you meet the normal criteria for that program. For more information on the Visa Waiver Program please visit this Embassy's website: [www.usembassy.org.uk](http://www.usembassy.org.uk).

Additionally, execution of Form I-407 does not affect your ability to re-immigrate at some future time. However, you will have to begin the process anew and apply through the normal channels.

As our office staff would like to return these forms to you as soon as possible for your records, please include a stamped, self-addressed envelope with your correspondence and related forms.

1. FAMILY NAME ( <i>Capital Letters</i> )			( <i>First</i> )	( <i>Middle</i> )	"A" FILE NUMBER
2. LAST PERMANENT ADDRESS IN UNITED STATES ( <i>Number and Street</i> )			( <i>City</i> )	( <i>State</i> )	( <i>ZIP Code</i> )
3. DATE OF BIRTH ( <i>mm-dd-yyyy</i> )		COUNTRY OF BIRTH		COUNTRY OF CITIZENSHIP	
4. DATE ( <i>mm-dd-yyyy</i> ) OF LAST DEPARTURE FROM UNITED STATES		NAME OF VESSEL, AIRLINE, OR OTHER MEANS OF DEPARTURE			PORT OF DEPARTURE FROM UNITED STATES
5. INTENDED OR ACTUAL PERMANENT ADDRESS ABROAD					
6(a) I voluntarily, willingly and affirmatively <input type="checkbox"/> am abandoning <input type="checkbox"/> have abandoned my status as lawful permanent resident of the United States, because:					
6(b) Documents Surrendered:					
6(c) Date ( <i>mm-dd-yyyy</i> ) of Abandonment of Status as Lawful Permanent Resident of the United States:					
6(d) REMARKS OF IMMIGRATION/CONSULAR OFFICER: If you waive your right to a hearing now, you can have a hearing at any time hereafter before an immigration judge to determine your admissibility by presenting yourself at a port of entry to the United States and seeking entry. If you do seek a later hearing the immigration judge can and will take into account all statements you have made concerning your abandonment of residence in the United States.					
SIGNATURE _____ OFFICE _____					
6(e) I have read and understand the above statements or it has been read to me and is true and correct. I also understand (If I am at this time an applicant for admission into the United States) that I have the right to appear before an immigration judge for a hearing to determine my admissibility into the United States as a returning lawful permanent resident. I freely waive my right to a hearing before an immigration judge.					
SIGNATURE OF ALIEN: _____					
DATE: ( <i>mm-dd-yyyy</i> ) _____					
FOR GOVERNMENT USE ONLY					
7. I HEREBY CERTIFY THAT THE ABOVE SIGNATORY WAS PERSONALLY INTERVIEWED BY ME AND THAT HE/SHE FULLY UNDERSTANDS THE NATURE OF THIS ACTION.					
SIGNATURE OF IMMIGRATION/CONSULAR OFFICER _____					
SIGNATURE OF WITNESS _____					
SIGNATURE OF INTERPRETER _____ LANGUAGE _____					
ADDRESS OF INTERPRETER _____					
SIGNATURE OF SUPERVISOR _____					
8. DISPOSITION OF DOCUMENTS					
9. TO FILES CONTROL OFFICE			(FOR INCLUSION IN ALIEN'S FILE)		DATE ( <i>mm-dd-yyyy</i> )
			( <i>City</i> )	( <i>State</i> )	
10. COPY FURNISHED <input type="checkbox"/> ALIEN <input type="checkbox"/> THIRD PERSON/AGENCY ON _____					
(DATE) ( <i>mm-dd-yyyy</i> )					